

Request for Quote - For Insurance Brokered Services

Issue Date: January 31, 2018

Proposal Deadline: February 23, 2018 – 4 pm

Submittal Location: Peterborough Family Health Team (PFHT)
185 King St, Suite 500
Peterborough, ON K9J 2R8

RFQ CONTACT: Sherri Runnalls, Executive Assistant, sherri.runnalls@peterboroughfht.com or 705-749-1564 ext. 304.

The contract is for a term of three (3) years, effective April 1, 2018, with up to two (2) one-year renewals at the sole discretion of the Peterborough Family Health Team.

1. Introduction

The Peterborough Family Health Team (PFHT) is seeking written quotes from experienced and qualified insurance brokers desiring to provide insurance broker services that include, but are not limited to, insurance placement and servicing, risk exposure analysis, general advice and claims assistance for liability and property coverage. The successful Broker will be expected to provide a full range of services, including but not limited to, placing PFHT's insurance coverages, assisting staff with insurance related issues and providing detailed, written insurance coverage recommendations, to be approved by PFHT Board of Directors. Insurance coverages to be placed on behalf of the PFHT include:

Health Care Liability – Liability Deductible \$1,000

General Liability Limit	\$10,300,000
Bodily Injury	Included
Property Damage	Included
Personal Injury	Included
Tenants Legal Liability – Any one premises	Included
Medical Payments (include schedule of incapacities)	
Malpractice Liability	Included
Abuse Liability Occurrence	\$5,000,000
Abuse Liability Aggregate	\$5,000,000
Voluntary Compensation – Funeral Expense	\$2,500
Voluntary Compensation – Weekly Indemnity – Employees	Not Covered
Voluntary Compensation – Weekly Indemnity – Volunteers	\$100



Multi-Peril Policy – Total \$1,195,200

Coverage Description	Limit or Amount of Insurance	Deductible
Blanket Amount on Contents Insured (Replacement cost)	\$573,200	
Limit on Valuable Papers	\$100,000	
Limit on Accounts Receivable	\$100,000	
Limit on Extra Expense Insured at Any One Locations	\$100,000	
Data Processing Insurance (Replacement cost)	\$302,000	\$1000
Data Processing Media	\$10,000	\$1000
Period of Restoration	\$10,000	\$1000

Errors and Omissions Liability

Limit of Insurance	\$10,000,000
Retro Date	April 1, 2016
Deductible and Reimbursement	\$2,500

Not for Profit Entity Directors & ‘Officers’ Liability – 10 Directors

Coverage	Aggregate Coverage	Deductible
\$10,000,000	\$10,000	\$2,500

Non-Owned Automobile Declaration

Coverage Description	Limit of Insurance	Deductible
Non-Owned Automobile Liability	\$2,000,000	
Ninety Day Termination Endorsement	Included	
S.E.F. No 96 Contractual Liability	Included	
S.E.F. No 99 Excluding Long Term Leased Vehicle	\$50,000	
S.E.F. No 94 Legal Liability – All Perils	\$50,000	\$500
O.E.F. 98B Reduction of Coverage – Leased Vehicle		

Cyber Liability

Coverage Description	Coverage	Deductible
Cyber Risk	1,000,000 Each Claim 1,000,000 Aggregate	\$3,000
Media Content Services Liability	Included	\$3,000
Network Security Liability	Included	\$3,000
Privacy Liability	Included	\$3,000
Extortion Threat	Included	\$3,000
Sub-Limits of Insurance		
Privacy Notification Costs	\$50,000 Aggregate	\$3,000
Regulatory Proceedings	\$500,000 Aggregate	\$3,000
Crisis Management	\$50,000 Aggregate	\$3,000
Business Interruption	\$500,000 Aggregate	24 hours waiting period



2. Specific Details of PFHT at time of this RFQ:

A. Estimate of Values – Contents and Equipment

I.	20 locations – total value:	\$584,500
II.	Valuable Papers	\$100,000 LIM
III.	Accounts Receivable	\$100,000 LIM
IV.	Extra Expense	\$100,000 LIM
V.	Data Processing Insurance	\$322,000 LIM REP
	Total	\$1,206,500

B. Total Annual Payroll - \$8,790,464

C. 2018/19 Annual Budget – \$10,200,000

D. Number of Employees – 44 Full time / 50 Part time

No. of Registered Nurses	5.8 FTE
No. of Nurse Practitioners	19.4 FTE
No. of Registered Practical Nurses	1.2 FTE
No. of Pharmacists	3.7 FTE
No. of Mental Health Clinicians	15 FTE
No. of Dietitians	5.3 FTE
No. of Physician Assistants	1 FTE
No. of Medical Secretaries	6.6 FTE
No. of Administrative Staff	8.7 FTE

3. Proposal Submissions

The Peterborough Family Health Team requires the following be completed for consideration of service.

1. Provide a comprehensive quote comparable to the fore-mentioned details indicating insurance coverage description, limit, deductible and premium. Please indicate if any premiums are guaranteed for more than one year and/or whether there is a guaranteed “ceiling” on any specific premium increases in years 2 and/or 3.
2. Indicate key exposures the Peterborough Family Health Team may face.
3. Please provide details of the service, support and claims management processes that we should expect with your proposed insurance package. Please address, at a minimum:
 - Your regular business hours.
 - Whether a dedicated account advisor is assigned to our account:
 - At the Broker’s office?
 - At the Insurer’s office?
 - Location of account advisors.
 - Process for handling inquires during regular business hours and after hours.
 - Process for handling claims during regular business hours and after hours.
4. Please provide a profile and pertinent background about your company, noting any experience serving the insurance needs of clients in the Healthcare, Social Services and/or Public Services sectors.
5. Please provide a list of references of policyholders, preferably of similar size and scope, who we are able to contact.

Submission Deadline: Please forward your completed quotation with any accompanying information by 4:00 pm Friday February 23, 2018, and directed to RFQ contact below.

For clarification relative to this RFQ, contact:

Sherri Runnalls
Executive Assistant
Peterborough Family Health Team
185 King St, Suite 500
Peterborough, ON K9J 2R8
705-749-1564
Fax: 705-749-1543
Email: sherri.runnalls@peterboroughfht.com

Our current insurance coverage expires / is due for renewal April 1, 2018. Therefore, we expect that any new policy, if selected can be implemented by that date.